

# ARR040000 Recertification Notice of Intent for Regulated Small Municipal Separate Storm Sewer Systems (MS4s) General Permit

version 1.17

(Submission #: HQ4-B221-RKCK5, version 1)

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Date: 2024.06.12 14:09:44 -05:00  
Reason: Copy Of Record  
Location: North Little Rock, Arkansas



## Details

**AFIN** 88-00861  
**Submission ID** HQ4-B221-RKCK5  
**Submission Reason** Renewal

## Form Input

### Permit Information

#### Recertification Instruction

Please review all fields carefully for typos or inaccurate information. If the information in the corresponding field is incorrect, please update the corresponding field with the correct information by typing over the existing information.

If the Permittee (Legal Name) changes, you will need to also submit a permit transfer form.

The update SWMP must be submitted in accordance with the permit.

#### Permittee (Legal Name)

The permittee means any person (an individual, association, partnership, corporation, municipality, state, or federal agency) who has the primary management and ultimate decision-making responsibility over the operation of a facility or activity.

**Permit No.**  
ARR040037

**AFIN**  
88-00861

**Permittee (Legal Name)**  
Arkansas State University

#### Site Contact Person

##### Contact Person Information

**First Name** Last Name  
Melissa Dooley

**Title**  
EHS, Director

**Phone Type** Number Extension  
Business 8709723644

**Email**  
mdooley@astate.edu

**Urbanized/Core Areas**

Jonesboro

**Receiving Stream**

Turtle Creek

**Is this MS4 identified on the list of the EPA approved Total Maximum Daily Loads (TMDL)?**

No

**From our database, the Responsible Official are listed in the following****Responsible Official First Name**

Lori

**Responsible Official Last Name**

Winn

**Responsible Official Title**

Asst. VC of HR

**Did the Responsible Official Change?**

No

**Please provide the Responsible Official Email Address**

lwinn@astate.edu

**From our database, the Cognizant Official are listed in the following****Cognizant Official First Name**

Melissa

**Cognizant Official Last Name**

Dooley

**Cognizant Official Title**

EHS Director

**Did the Cognizant Official Change?**

No

**Please provide the Cognizant Official Email Address**

mdooley@astate.edu

**Mailing Address**

PO BOX 1530

STATE UNIV, AR 72467

**Is the invoice address the same as the mailing address?**

Yes

**Attach Updated SWMP and Updated Storm Sewer System Map**

[Updated SMP 2024.pdf - 06/12/2024 01:54 PM](#)

[Campus Outfall Map-with city pipe overlay.pdf - 06/12/2024 01:56 PM](#)

**Comment**

NONE PROVIDED

## Agreements and Signature(s)

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### SUBMISSION AGREEMENTS

- ☒ I am the owner of the account used to perform the electronic submission and signature.
- ☒ I have the authority to submit the data on behalf of the facility I am representing.
- ☒ I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- ☒ I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

***"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."***

***I certify that I have read and will comply with all the requirements of the Regulated Small Municipal Separate Storm Sewer Systems(MS4's) General Permit ARR040000.***

Signed  
By Melissa Dooley on 06/12/2024 at 1:58 PM